Town of Barrington

PO Box 660, 333 Calef Highway Barrington, NH 03825 Phone (603) 664-7009 Fx (603) 664-5179

APPLICATION FOR EMPLOYMENT

The Town is an **equal opportunity employer** and does not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, national origin, sexual orientation, genetic information, marital status, disability, age, veteran or military status, or any other basis protected by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT (USE INK)

PERSONAL:							
Name:		email:					
(Last) (First) Current Address:	(Middle)	Talanhana					
(Street) (City) (State)	(Zip Cod	e) Telephone: (Include Area Code)					
Permanent Address (if different)							
(0)	(Z' C 1	Telephone:					
(Street) (City) (State)	(Zip Cod	e) (Include Area Code)					
Have you ever applied for employment here before?	_ Yes No	If yes, when?					
Have you ever worked for the Town before?	_ Yes No	If yes, where?					
Dates of Barrington Employment		Reason for Leaving					
WORK EXPERIENCE: PRESENT OR MOST RECENT EMPLOYMENT							
Employer:	Address(Street)	City) (State)					
May We Contact Your Present Employer? Yes		•					
Telephone Kind of Business_		Name and Title of Immediate Supervisor					
(Include Area Code)		•					
Employed From to to	(Mo., Yr.)	Job Title					
Duties	(1101, 111)						
Performed							
Starting Salary Final Salary	Reas	son for Leaving					
PREVIOUS EMPLOYMENT:							
Employer:	Address(Street)	(City) (State)					
	,	Name and Title of					
Telephone Kind of Business_		Immediate Supervisor					
Employed From to		Job Title					
(Mo., Yr.) Duties	(Mo., Yr.)						
Performed							
Starting Salary Final Salary	Reas	Reason for Leaving					
PREVIOUS EMPLOYMENT:							
Employer:	Address						
	(Street)	(City) (State) Name and Title of					
Telephone Kind of Business_							
(Include Area Code) Employed From to to		Job Title					
(Mo., Yr.)	(Mo., Yr.)						
Duties Performed							
Starting Salary Final Salary Reason for Leaving							
•							

PREVIOUS EMPLOYMENT: (Use additional sheets if necessary to describe all previous employment)								
Employer:	Address (Street) (City) (State)							
			(Sireet)	Name and 7		(State)		
Telephone(Include Are	Kind of Busines	SS		Immediate	Supervisor			
Employed From	to		Job Title	e				
	(Mo., Yr.)	(Mo., Yr.)						
Duties Performed								
Starting Salary	Final Salary	Reason for Leaving						
EDUCATION:	Name	City/State	_	ee Received es or No	Type of Degree Diploma or GED	Major		
High School								
College								
Other								
Trade School								
Related coursework com	pleted (Include skills, typing, co	ertifications, compute	rs, etc.)					
CENEDAL.								
GENERAL:	1 1 1 11 1 10 10	V N o	0.41.41.41.					
•	ork in the United States?				•			
	older? Yes No H							
	rk full-time part-time					per week		
what position are you ap	oplying for?			Starting s	salary desired			
Can you perform the ess	ential functions of the job with o	or without reasonable	accommod	ation?	Yes No			
	off or leave from another emplo							
OTHER INFORMA	ΓΙΟN:							
Why should we hire you	?							
NOTICE: PLEASE	READ BEFORE SIGNING	G						
If I am hired, I agre	e to abide by the rules and polic	cies of the Town.						
	I am hired, my employment wil		riod, and th	at mv emplo	ovment and compen	sation can be		
	out cause and without notice, at a							
I authorize all perso	ons, companies, prior employers	, schools, credit burea	aus, and gov	ernment age	encies to supply any	information		
	and, education, and employment I also release the Town and its							
	ormation contained in this appli mation is grounds for dismissal				ny knowledge and ı	understand that		
	he information that I provide on ired, and any such information i							
I have read the above No	otice Section or have had someo	ne read or explain to	me, and I fu	lly understa	nd it.			

(Signature)

(Date)

(Print Name)